

Minutes of:

CALIFORNIA STATE ATHLETIC COMMISSION
ADVISORY COMMITTEE ON MEDICAL AND SAFETY
STANDARDS AND SUBCOMMITTEE MEETINGS

Meeting Specifics:

Regular Committee Meeting
October 12, 2002 – 12:00-5:00 p.m.
Anaheim Arrowhead Pond, Vista Room B
2695 East Katella Avenue
Anaheim, CA 92806

1. CALL TO ORDER BY CHAIRMAN OF THE MEDICAL ADVISORY COMMITTEE

Committee Members Present: Paul Wallace, M.D., Chairman
Steven Steinscriber, M.D.
Smith Ketchum, M.D.

Commissioners Present: Commissioner Martin Denkin
Legal Counsel Present: Earl Plowman, Deputy Attorney General

2. INTRODUCTIONS

The meeting was called to order at approximately 1:00pm by the Chairman, Paul Wallace, MD.. A quorum of the Committee was present. Dr. Wallace asked each physician present on the Committee or in the audience to please introduce themselves with a brief description of their medical specialty, their affiliation with boxing and their tenure as a ring physician.

Dr. Michael DeLuca stated that he has been involved in boxing for approximately 32 years as ringside physician.

Dr. Howard Baer stated that he has been involved in boxing for about 10 or 15 years.

Dr. Pearlman Hicks stated that he is a plastic surgeon and has been involved in boxing for 9 years.

Dr. Deigo Allende stated that he was a general practitioner who recently began as a ringside physician.

Dr. Dan Carusillo stated that he was involved in boxing for 10 to 15 years but recently began as a ringside physician.

Dr. Patrick Golden stated that he was an internist and cardiologist and has been a ringside physician for 7 years.

Dr. Richard Gluckman stated that he was a neurologist and has been a ringside physician for 16 years.

Dr. Smith Ketchum stated that he was general surgeon and has been involved in boxing for 29 years.

Dr. Steven Stienscriber stated that he was an ophthalmologist and has been involved in boxing for approximately 5 years.

3. APPROVAL OF 2001 COMMITTEE MEETING MINUTES

Dr. Wallace stated that at this particular meeting there was a lengthy discussion regarding pregnancy testing. He added that there was also a discussion regarding mouthpieces. He explained that other items were discussed that will again be discussed at this meeting.

He stated that he did not have a copy of the 2001 meeting minutes and that he would be requesting a copy so that at the next meeting, approval of the 2001 and 2002 meeting minutes could be done.

4. TRIBUTE TO GINO SIGNORINO

Dr. Wallace stated that Dr. Signorino had recently passed of a massive heart attack. He explained that Dr. Signorino was a ringside physician for both California and Nevada and was actively involved in both, although he was considering retiring. He further explained that Dr. Signorino was also the Co-Medical Director over USA Boxing. Dr. Wallace informed the Committee that Dr. Signorino was also the Medical Director for Molina Medical Health.

Dr. Wallace stated that both himself and Dr. Signorino were scheduled to work the “Blue and Gold” Amateur Boxing Tournament in Southern California, and Dr. Signorino did not show. He stated that this was extremely unusual for Dr. Signorino and everyone was very concerned. That is when they found out that Dr. Signorino had passed away.

Dr. Wallace informed that Dr. Signorino had a great passion for boxing and was the most compassionate physician he had come across as well as a good friend and will be greatly missed.

He concluded with stating that a donation to the United States Institute for the Association of Amateur Athletics was made in honor of and on behalf of Dr. Signorino.

5. SUMMARY OF CHAIRMAN ACTIVITES SINCE LAST MEETING

Dr. Wallace informed the Committee that the he attended the Association of Boxing Commissions meeting held in July in Florida. He added that this particular entity establishes rules and regulations for other commissions to abide but there are no repercussions for not complying.

Dr. Wallace then informed the Committee that a part of his activities was making a decision to charge the contestant and/or the promoter for suturing a contestant after a bout at the event.

Mr. Plowman informed Dr. Wallace that this was more appropriately discussed under item 17 of the Agenda, but Dr. Wallace insisted that he was heard under this item.

He stated that his reasons for charging a contestant and/or a promoter are as follows:

1. It is Dr. Wallace's belief that he is more qualified than any other emergency room personnel to suture a contestant.
2. It is Dr. Wallace's belief that since there is no compensation for closing the physician's medical office to work an event. He further explained that if he works in Northern California and Central California that he is not reimbursed for his flight nor his rental car. He added that he is also not compensated for his suture supplies. He informed the Committee that if a physician "turns down" an opportunity to work an event, that he has been the Commission default physician and has worked many shows in Northern and Central California due to this. He stated that he feels that his financial loss is too great to work and not charge for his services.

He further informed the Commission that he was named Chairman for the World Boxing Council on a Committee regarding the neurological injury and/or death ratio.

Dr. Wallace also stated that he was currently in the Army Reserves and participates in research on injuries and/or death in the military.

6. ABC REPORT – INFORMATION / ACTION

Dr. Wallace stated that he had passed out informational packets regarding the ABC meeting for the physicians' review.

Mr. Plowman stated that it was among the ABC's priorities to have a database that would be accessible nationwide on boxers including physicals and lab work as to eliminate duplicate testing. Dr. Wallace stated that it was his opinion that this Committee should back the idea of a medical database of boxers being established.

Dr. Wallace also stated that a discussion of the authority of a ringside physician to stop a fight. He stated that the ABC's concern is that not all ringside physicians in every state are licensed as officials with the authority to stop a fight for medical reasons. This authority is clear in California.

7. PUBLIC COMMENTS

There were no comments.

8. BREAK (SUBCOMMITTEE MEETINGS) RECONVENE IN 2 HOURS

Dr. Wallace began with stating that the Advisory Committee would be making decisions regarding the issues mentioned to which Mr. Plowman stated that there was protocol that needed to be followed during the Committee and Subcommittee meeting, since only the Committee

itself was recognize in the law and breaking the physicians present into discussion groups or subcommittees had been done for administrative convenience only.

Mr. Plowman informed Dr. Wallace that the subcommittees may discuss the items and make a proposal to the Advisory Committee regarding the subcommittees stance on the issue. He further added that the Advisory Committee could then make a presentation and recommendation to the Athletic Commission at the next meeting. He further explained to Dr. Wallace and the other physicians that many of the issues listed on the agenda to be discussed are not necessarily medical issues or work as a ringside physician and while interesting, are not within the statutory jurisdiction of the Medical Advisory Committee.

Dr. Kyle Beaird joined the meeting at this time. Dr. Castanon also joined the meeting.

9. SUBCOMMITTEES AGENDA ITEMS AND REPORTS

9.1 NEUROLOGIC SUBCOMMITTEE

Dr. Wallace asked for volunteers for this committee. Dr. Richard Gluckman, Dr. Wallace and Dr. Michael DeLuca volunteered.

- Neuro-Pysch Testing

Dr. Gluckman stated it was the subcommittees opinion that a neurological physician remain the only physician that could do a neurological exam due to the fact that a physician who specializes in neurology or neurosurgery may pick up a subtle difference where a general practitioner may not. He further stated that it is the recommendation of this subcommittee that if the exam is changed, that it be changed back to the previous exam that was required.

Dr. Gluckman stated that a modification needed to be done of the exam and an addition of critical neurological exam was warranted and an elimination of the mini-mental status should be done. Mr. Plowman then asked Dr. Gluckman was the fee difference would be comparing the current exam with the proposed exam he was suggesting. Dr. Gluckman replied that currently his fee was \$75 for a neuro exam that on average takes 30 minutes, and the previous exam which for a fee of \$175 and on an average takes approximately 1 hour.

Dr. Wallace asked if the current exam is meeting the original goal of requiring a neurological exam. Dr. Gluckman replied that it is not currently meeting the goal of detecting early cognitive change in Alzheimer's patients.

Dr. Gluckman stated that the proposal of the subcommittee is that the Medical Advisory Committee require the modification of the neuro exam and not the disposal of the exam.

Motion: Motion was made and second accepted to review the current neurological examination and suggestions of modifications be presented and recommended to the Commission.

Vote: Unanimous.

- Recommendations for Injury Report

Dr. Wallace stated that the current injury report is not sufficient for the purpose of neurology. He further stated that the report does not meet the guidelines of the American Academy of Neurology. He informed the Committee that it was the subcommittees recommendation that the report be changed to be more functional and useful for study. Dr. Wallace suggested that the current Commission neurologist prepare a draft of a new injury report form and submit said form to Dr. Wallace so that he may present this form to the Commission.

Motion: Motion was made by Dr. Wallace and a second was accepted to review the current injury report form and a draft of a new form be created by the Commission neurological physicians and submitted to Dr. Wallace for submission to the Commission.

Vote: Unanimous.

- Documentation of Neurologic Injuries

This item was not heard.

9.2 EDUCATION/TRAINING SUBCOMMITTEE

Dr. Patrick Golden and Dr. Howard Baer volunteered for this subcommittee.

- Continuing Medical Education

It was mentioned that some type of continuing education is required, but what type exactly is yet to be determined.

- Proposed Ringside Physician Training Requirements

Dr. Golden stated that the subcommittee reviewed the criteria for certification that has been written by the Association of Professional Ringside Physicians. The subcommittee concluded that the following criteria be considered:

1. The primary physician at ringside should be a licensed physician in the State of California
2. The ringside physician should have participation in a minimum of six professional cards (venues) under the direct observation and supervision of a certified ringside

physician. Final approval by the California State Athletic Commission.

3. The ringside physician must be licensed to practice medicine in the State of California and have affiliation with at least one hospital in the State of California.
4. Ringside Physicians must satisfy a minimum of 25 per year or 100 per every 4 years CME hours or the physician may satisfy this requirement by attending relevant meeting in sports medicine conducted by sports medicine organizations or at the AAPRP seminars.
5. The ringside physician must be familiar with standard boxing rules and medical standards and the rules and regulations of the California State Athletic Commission.
6. The ringside physician must acquire a ringside physician card provided by the California State Athletic Commission, Department of Consumer Affairs.

Motion: Motion was made by Dr. Wallace and a second was accepted to prepare a proposal to modify Rule 288 to include continuing education and require attendance to the Medical Advisory Committee and submit said proposal to the Commission.

Vote: Unanimous.

9.3 DOCUMENTATION SUBCOMMITTEE

Dr. Kari Silva and Dr. Beaird volunteered for this subcommittee.

- Injury Report Changes

It was the recommendation that some type of statewide database be established to track a particular boxers injuries from year to year. Mr. Plowman informed the Committee members that there may be serious privacy act issues regarding this recommendation.

It was recommended that the injury report form be modified to explain further any injury so that the physician that is clearing the injury has a better history.

Motion: Motion was made by and a second was accepted to prepare a proposal to implement a new injury report form that would explain more clearly the injury and how it was sustained.

Vote: Unanimous.

- History and Physical Examination Form Changes - Pregnancy; Implants; Medications; Drugs; Steroids

This item was not heard.

- Laws and Regulations Governing Boxing and Martial Arts Changes

This item was not heard.

- Information/Documentation of Post Fight Instructions

In the interest of trying to be expedient, this item was the only item discussed.

It was the recommendation that the boxers be provided with a standardized information sheet or general form in how to access post fight care and the options that are available to them. Also on the sheet, or in addition to, a informational sheet with the symptoms of any post-fight injury. Additionally, a sheet be provided if the boxer suffered a laceration, sprain, fracture or possible fracture as to where to go for treatment.

These information sheets are recommended to come in triplicate form. One for the boxer, one for the physician and one for the Commission. It was the physicians opinion that this would be extremely more adequate than the form used now. It was mentioned that forms similar to this are done in other states, and the boxer and the chief second must sign at the weigh in so that the boxer will already have the insurance information and where to go if injured.

Motion: Motion was made by and a second was accepted to prepare a proposal to implement two new forms for events being as follows: 1) A general form to outline how a boxer can access medical care and information to be aware of as a boxer that is given to and signed by the boxer and his representative (pre-fight) and 2) An instruction form for specific injuries (post-fight) and submit said proposal to the Commission.

Vote: Unanimous.

9.4 WOMEN'S HEALTH ISSUES SUBCOMMITTEE

Dr. Beaird, Dr. Allende and Dr. Hicks volunteered for this subcommittee.

- Breast Protection Standardization

This item was not heard.

- Pregnancy Testing

Dr. Wallace informed the Committee that Rob Lynch, Executive Officer of the California State Athletic Commission circulated a

questionnaire at the Association of Boxing Commissions meeting in July in which it was asked if the commissions had ever come across a pregnant contestant. The response was approximately 25 women found to be pregnant in the last couple of years. Dr. Wallace stated that the Commission currently requires all female fighters to receive a copy of an informational sheet stating that it may be dangerous to participate if pregnant. Mr. Plowman stated that there was a conversation between Dr. Gino Signorino with Ms. Anita Scuri, legal counsel for the Department of Consumer Affairs, shortly before his passing with regard to pregnancy testing. It was Mr. Plowman's understanding that an agreement was reached that a non-sexist common denominator was that ring physicians performing ring physicals could not permit a contestant, male or female, to fight with a significant abdominal mass.

A recommendation by was made by the subcommittee to offer to do a pregnancy test at the weigh-in or during pre-fight physical so that the contest has the opportunity if it was her desire to be tested. Dr. Wallace expressed concern that it was his belief that a Commission representative should not be doing the testing.

Motion: Motion was made by and a second was accepted to prepare a proposal to require pregnancy testing by a pre-approved laboratory within 14 days of a bout for a female contestant and submit said proposal to the Commission.

Vote: Unanimous.

9.5 PUBLIC SAFETY SUBCOMMITTEE

Dr. DeLuca, Dr. Wallace and Dr. Baer volunteered for this subcommittee.

- Pregnant Women at Ringside

This item was not heard.

- Disposal of Medical Waste

This item was not heard.

- Food at Ringside

This item was not heard.

9.6 RESEARCH SUBCOMMITTEE

Dr. Ketchum, Dr. Stienscriber and Dr. Gluckman volunteered for this subcommittee.

- Neuro-Psych Test

This item was not heard.

9.7 MEDICAL SPECIALTIES SUBCOMMITTEE

Dr. Stienscriber, Dr. Wallace, Dr. Golden and Dr. Hicks volunteered for this subcommittee.

- Ophthalmology - Contact Lenses; Retinal Tears; Corrective Vision Surgeries

Dr. Stienscriber stated it was the consensus of the subcommittee that contacts should not be worn during a contest. He further stated that it was the subcommittees position that due to the high number of boxers that do sustain retinal tears that an opthamological exam should be done annually as a requirement of licensure. Dr. Stienscriber explained that most corrective vision surgeries are generally safe and not going to be a concern for licensure.

It was the recommendation of the subcommittee that a yearly dialated eye exam be done as a requirement of licensure and modification of Rule 282 regarding vision requirements be done.

Motion: Motion was made by and a second was accepted to prepare a proposal to require a yearly opthamological exam be done as a requirement of licensure and a review and modification of Rule 282 be done regarding vision requirements and submit said proposal to the Commission.

Vote: Unanimous.

10. WEIGH-INS AND WEIGHT GAIN PRIOR TO BOUT – INFORMATION / ACTION

Dr. Wallace stated that Nevada had done a two year study on this issue and they found that there was no difference as to the knock-out rate and no difference as to the win-loss rate. He further explained that there are rules of the Commission regarding weight at time of weigh-in vs. weight of gloves that must be used for the contest. He further explained that a contestant could gain enough weight prior to fight to change the required weight of the gloves. A physician questioned as to whether or not this is a medical issue or if this is a Commission issue. Dr. Wallace stated that it was a medical issue due to the fact that it was a health and safety issue.

Dr. Wallace informed the Committee that in order to request a change in rule or regulation that there would need to be a medical justification for such a change. He stated at this time, the Committee did not have data to substantiate such a request, but there is only a consensus of the physicians who have worked ringside for many years.

It was Dr. Wallace's recommendation that at the time of the event the boxers should wear weight appropriate gloves. Mr. Plowman stated that it was not his belief that this was a medical issue.

Dr. Wallace stated that in the State of Pennsylvania it is the practice of the Commission to require the contestant, if the contestant is at a critical point in which the possibility of requiring a heavier glove is possible, the heavier glove is required.

11. WATER / OTHER FLUIDS PERMITTED IN CORNER – INFORMATION / ACTION

Dr. Wallace explained that there are some commissions, although he could not name any, that are now allowing electrolyte drinks to be in the corner. He explained that this is being allowed with the agreement that a urinalysis may be done post-fight.

It was mentioned that the physicians should allow the availability of an electrolyte drinks be given to the participants.

It was one physicians concern as to how often the testing would be done, because his belief was that “spiking” of the drinks would run rampant.

Another physician stated that the idea of allowing anything other than water in the corner is ‘just asking for trouble’.

The proposal to recommend to the Commission as a whole that electrolyte or sports drinks be approved did not receive a second.

12. MEDICAL INSURANCE FORMS – INFORMATION / ACTION

This item was heard in conjunction with item 9.3.

13. CONTACT LENSES – INFORMATION / ACTION

This item was heard in conjunction with item 9.7.

14. HEADGEAR – INFORMATION / ACTION

Dr. Wallace stated that it was suggested that all amateurs be required to wear headgear. He stated that the current requirement is that only amateurs under the age of 18 are required to wear headgear. He explained that this is being partially suggested due to the fact that amateurs are not required to have blood work done.

Motion: Motion was made by and a second was accepted to prepare a proposal to require all amateur contestants to wear headgear, regardless of age, and submit said proposal to the Commission.

Vote: Unanimous.

15. BLOOD TEST – INFORMATION / ACTION

This item was not heard.

16. HIGH-RISK BOXERS – INFORMATION / ACTION

This item was not heard.

17. SUTURING DURING CONTEST – INFORMATION / ACTION

Mr. Plowman was asked his position on this issue by a physician in the audience. Mr. Plowman replied that suturing was not required by law and it is the physicians practice of medicine. He further stated litigation may occur if the physician does do suturing due to the potential of liability. He further stated that the State most likely would not cover any liability, due to the fact that suturing is not provided for by law.

Dr. Wallace stated it was his belief that a ringside physician is more qualified and would do a better job at suturing than any emergency room personnel.

18. PHYSICAL / NEURO EXAMINATIONS ON DAY OF FIGHT – INFORMATION / ACTION

Dr. Wallace stated that it was his opinion that the physical and neuro examination not be done on the same day of the fight. He stated that it puts an undo pressure on the physician and neurologist and that the boxer does not receive a thorough examination at that time. He suggested that the requirement be done 12 hours prior to a bout. He also suggested that a clause be added that there would be no exception to that rule.

Motion: Motion was made by and a second was accepted to prepare a proposal to require any unlicensed contestant must have physical and neuro examination no later than 12 hours prior to a bout and submit said proposal to the Commission.

Vote: Unanimous.

19. SAFETY ISSUES REGARDING MIXED MARTIAL ARTS – INFORMATION / ACTION

This item was not heard.

20. REFEREE – PHYSICIAN COMMUNICATION AND PROTOCOL – INFORMATION ACTION

Dr. Wallace informed the Committee that improved communication between the physicians and referees must be done. A physician in the audience stated that it was his belief that the communication between the physicians and referees is exceptional as is. Dr. Wallace replied that a physician should approach the referee prior to the bouts to familiarize himself with the referee. Mr. Plowman suggested that this suggestion be added to the physician's checklist.

21. AGENDA ITEMS FOR FUTURE MEETINGS – INFORMATION / ACTION

This item was not heard.

22. COMMITTEE MEMBERS' COMMENTS AND / OR RECOMMENDATIONS – INFORMATION

This item was not heard.

23. PUBLIC COMMENTS

Mr. Plowman was asked about what protection the laws gave ringside physicians when they were acting in various capacities. He informed the Committee that when the physicians are acting in the ring, they have the authority to stop a fight for medical reasons. In that capacity the physician is an official of the California State Athletic Commission for the State of California. A ringside physician is also acting as an official when performing a pre-fight physical or making a determination that someone needs to be transported to a hospital. Mr. Plowman stated that if litigation resulted regarding the above mentioned issues, the State Attorney General's office would be defending the ringside physician in case of a suit just as they would defend a referee or a judge the same as any employee of the State of California. He further explained that there are many variables to this such as the desire of the physician to be represented by the State, if there is any issue of punitive damages, etc. He further stated that it is a rare situation in which a ringside physician is sued. Mr. Plowman added that the law recognizes the inherent danger in things like boxing and various sports and thus, the contestant who wishes to participate in boxing, skiing or even horse racing is said to have assumed the risk of injury. Mr. Plowman also stated that the law generally protected physicians who administer to injured persons as good Samaritans; however he cautioned that if the ringside physician went beyond the role contemplated in the law and acted as the treating physician for a boxer, the treatment rendered had to conform to the standard of care.

A physician from the audience stated that he would like to submit a proposed revised physician pay scale which recognized the costs of travel and lodging to the Commission. Mr. Plowman suggested that such a revised pay scale should be submitted to the Commission as a proposed agenda item by a Commissioner or Rob Lynch.

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The meeting was then adjourned.

The draft minutes were prepared by:

JESSICA FINCH

DATE

The final minutes were prepared by:

JESSICA FINCH

DATE